

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Coastal Resources Management Council**  
**Oliver Stedman Government Center**  
**4808 Tower Hill Road; Suite 3**  
**Wakefield, RI 02879**  
**(401) 783-3370**

**CRMC ASSENT EXTENSION REQUEST FORM**

File Number of Assent/Permit: \_\_\_\_\_

Expiration Date (including any extensions): \_\_\_\_\_

\_\_\_\_\_ Name

which assent was issued to: \_\_\_\_\_

Location of Project: \_\_\_\_\_ Plat: \_\_\_\_\_

\_\_\_\_\_ Lot: \_\_\_\_\_ City/Town: \_\_\_\_\_

Present Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Nos. Bus. \_\_\_\_\_ Home \_\_\_\_\_ Contact Person No. \_\_\_\_\_

Indicate the reason why an extension is being requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please indicate  
what if any work has been done on site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

NOTE: The applicant acknowledges by evidence of their signature that they have reviewed the Rhode Island Coastal Resources Management Program, and have, where possible adhered to the policies and standards of the Program. The applicant also acknowledges by evidence of their signature that to the best of their knowledge the information contained in the application is true and valid. The filing of false information can result in the Coastal Resources Management Council revoking state assent.

## INSTRUCTIONS

To submit a request for an extension of assent, the following must be submitted:

**\*\* Filing fee**

- a. Single family residence = **\$75.00**
- b. All others = **\$250.00**
- c. Aquaculture renewals = **\$75.00**

**\*\* One (1) copy of the CRMC Assent.**

**\*\* One (1) copy of this form, signed by the owner.**

**\*\* If the request is by a new owner (not the original applicant), a letter from the local tax assessor stating ownership of the property must be submitted.**

Mail the above information to:

ATTN: APPLICATION COORDINATOR  
COASTAL RESOURCES MANAGEMENT COUNCIL  
OLIVER H. STEDMAN GOVERNMENT CENTER  
4808 TOWER HILL ROAD; SUITE 3  
WAKEFIELD, RI 02879